

# Access To Recovery 2007



Access II Recovery

MISSOURI

DIVISION OF ALCOHOL AND DRUG ABUSE

SAMHSA

Handouts

“CSAT GPRA Client Outcome Measures for Discretionary Programs”

Print version of the GPRA instruments

GPRA Question by Question guide

Power Point

Follow-up Tracking Script and Consent form

ATR II Implementation Fact Sheet

ATR II Recovery Support Services summary and descriptions

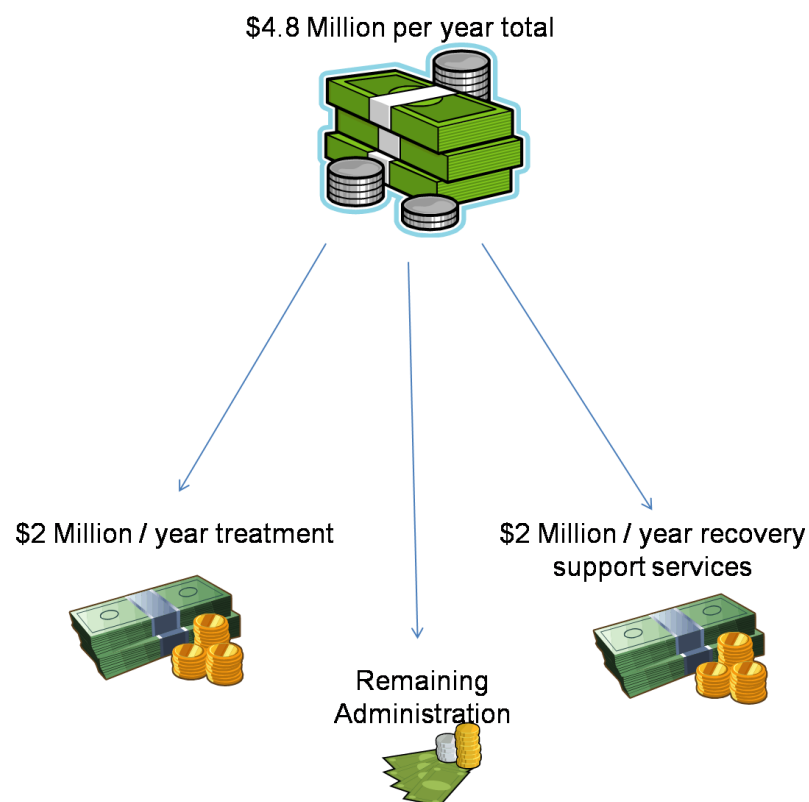
Service Limitations

RS Service Code Table

PR+ and EPR+ contract attachment “C”

# Access to Recovery II

- \$14.2 million over three years 2007-2010
- Services will begin December 17, 2007
- SAMHSA Grant



# What Is the Government Performance and Results Act (GPRA)?

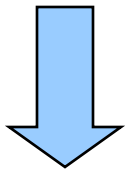
1993 legislation (Public Law 103-62)

- Develop strategic plans
- Set performance targets
- Report outcomes
- Conduct evaluations
- Increase accountability
- Initiate program performance reform
- Improve effectiveness
- Improve service delivery
- Improve congressional decision-making
- Improve internal management

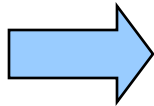
# What's the Big Deal?



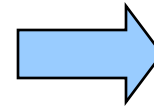
1. Providers collect GPRA data (CIMOR)



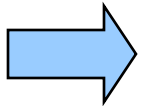
2. DMH uploads data to CSAT



3. CSAT Project Officers review data for adherence to goals



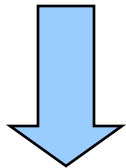
4. Branch Chief and Division Director review data.



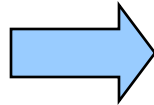
# What's the Big Deal? (continued)



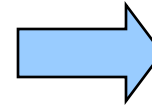
5. CSAT Director submits data to SAMHSA for review



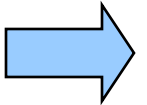
6. SAMHSA analyzes data against CSAT performance measures and submits to DHHS



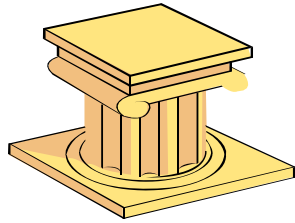
7. DHHS reviews SAMHSA data and submits to OMB



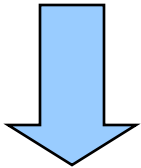
8. OMB reviews data and submits to Congress



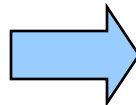
# What's the Big Deal? (continued)



9. Congress reviews data from all agencies under DHHS.



10. Limited resources require selective funding by Congress



- Administration for Children and Families
- Administration on Aging
- Agency for Healthcare Research and Quality
- Agency for Toxic Substances and Disease Registry
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Program Support Center
- **Substance Abuse and Mental Health Services Administration**

*Good data help convince  
Congress to continue funding  
treatment*

# What is the CSAT GPRA Tool?

- The CSAT GPRA tool is a list of broad items and questions
- Questions were taken from widely used data collection instruments
  - Addiction Severity Index (ASI)
  - McKinney Homeless Program reporting system
  - AIDS Risk Assessment (ARA)
  - Short Form-36 Health Survey

## How Is the CSAT GPRA Tool Used?

- Questions on the tool must be asked as written
- Should be administered face-to-face with the client
- Should not be used to formulate a diagnosis for clients



# What are the Data Collection Points?

## GPRA data collection points

Intake/Baseline

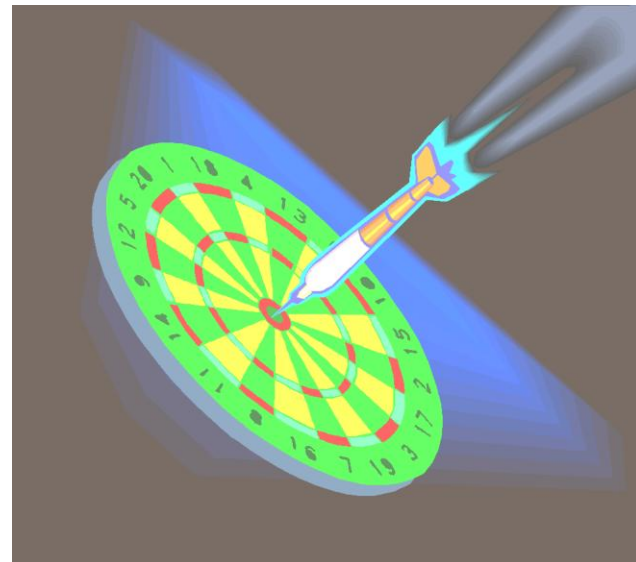
6-month-post-intake (5-to 8 months after GPRA intake interview date)

Provider entered discharge GPRA allowed after 60 days of no activity in CIMOR.

After 90 days of no activity in CIMOR the system automatically creates a discharge GPRA

# Access to Recovery II

- GPRA (Government Performance and Results Act)
  - Intake, 6 month follow-up, and discharge
  - Minimum expectation 80% follow-up GPRA
  - Follow-up valid if obtained during period 5 months to 8 months following intake GPRA
  - Face to Face, Telephone interview if client is not available.
    - See Handout
- Target Follow-up Rate = 100%  
Minimum Follow-up Rate = 80%



# GPRA Follow-up Window

## April 2007

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
GPRA Intake						
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## May 2007

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## June 2007

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## July 2007

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## August 2007

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Follow up window begins

## September 2007

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

## October 2007

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

6 Month Follow-up

Follow up window ends

## November 2007

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

## December 2007

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

# Access to Recovery II

- GPRA
  - Incentives
    1. \$40.00 reimbursement for collecting Follow-up GPRA
    2. \$10.00 reimbursement for \$10.00 client incentive  
(Gas Card, Gift Card, not cash)
    3. End of federal fiscal year bonus to providers that achieve 80% or better follow-up GPRA during 5-8 month window.
      1. The 80% is measured on the consumers that the provider completed the intake GPRA
    4. End of grant bonus if the state achieves 80% for ATR II project.

## GPRA Intake Interview Date Issues

- Conduct the GPRA intake interview during the first three days entering a program
- GPRA intake interview date is the first date ATR II programs or vouchers can begin. (exception Detox)
- Only 5 days from GPRA creation date to back date your GPRA intake interview date up to 30 days.
- GPRA intake date is used as the “Key” to ATR II data upload and cannot be changed after uploaded (upload happens after 5 days)
- GPRA intake interview date recommended to be EOC or admission date to avoid problems

- GPRA II moved above EOC in CIMOR

The screenshot shows a web browser window with the URL <http://cimorwebdev/CIMOR/UI/CimorHome.htm>. The browser's address bar and search bar are visible. The CIMOR logo is in the top left corner, with the text "Development" below it. A navigation menu on the left lists various sections: Consumer, Face Sheet, Demographics, Benefit/Eligibility, Consumer Res, Contact Log, Screenings, View Assmt, GPRA II (highlighted), and Episodes of Care. The main content area displays the user's information: "50 Blue Sky DMH ID 4048782" and "ADA Preferred Family Healthcare, Inc. 2/1/2008 - Open". Below this, a section titled "List GPRA II" contains a table with the following data:

Intake Organization	Intake Date	Discharge Date *S=Systematic	Follow Up Date/Range
Preferred Family Healthcare, Inc.	<a href="#">01/28/2008</a>		06/28/2008 - 09/28/2008

A small number "1" is visible in the bottom left corner of the table area.

All providers can see this screen,  
 Intake interview is already in the system  
 No option to add an intake if a valid intake is in the system.

## Intake GPRA in CIMOR no ability to add a GPRA

**CIMOR** Development 50 Blue Sky DMH ID 4048782

- Consumer
  - Face Sheet
  - + Demographics
  - Benefit/Eligibility
  - Consumer Res

**List GPRA II**

Intake Organization	Intake Date	Discharge Date *S=Systematic	Follow Up Date/Range
Preferred Family Healthcare, Inc.	01/28/2008		06/28/2008 - 09/28/2008

1

## No Intake GPRA in CIMOR Add Intake Button displayed

**CIMOR** Development 31 Bugs R Bunny DMH ID 867383

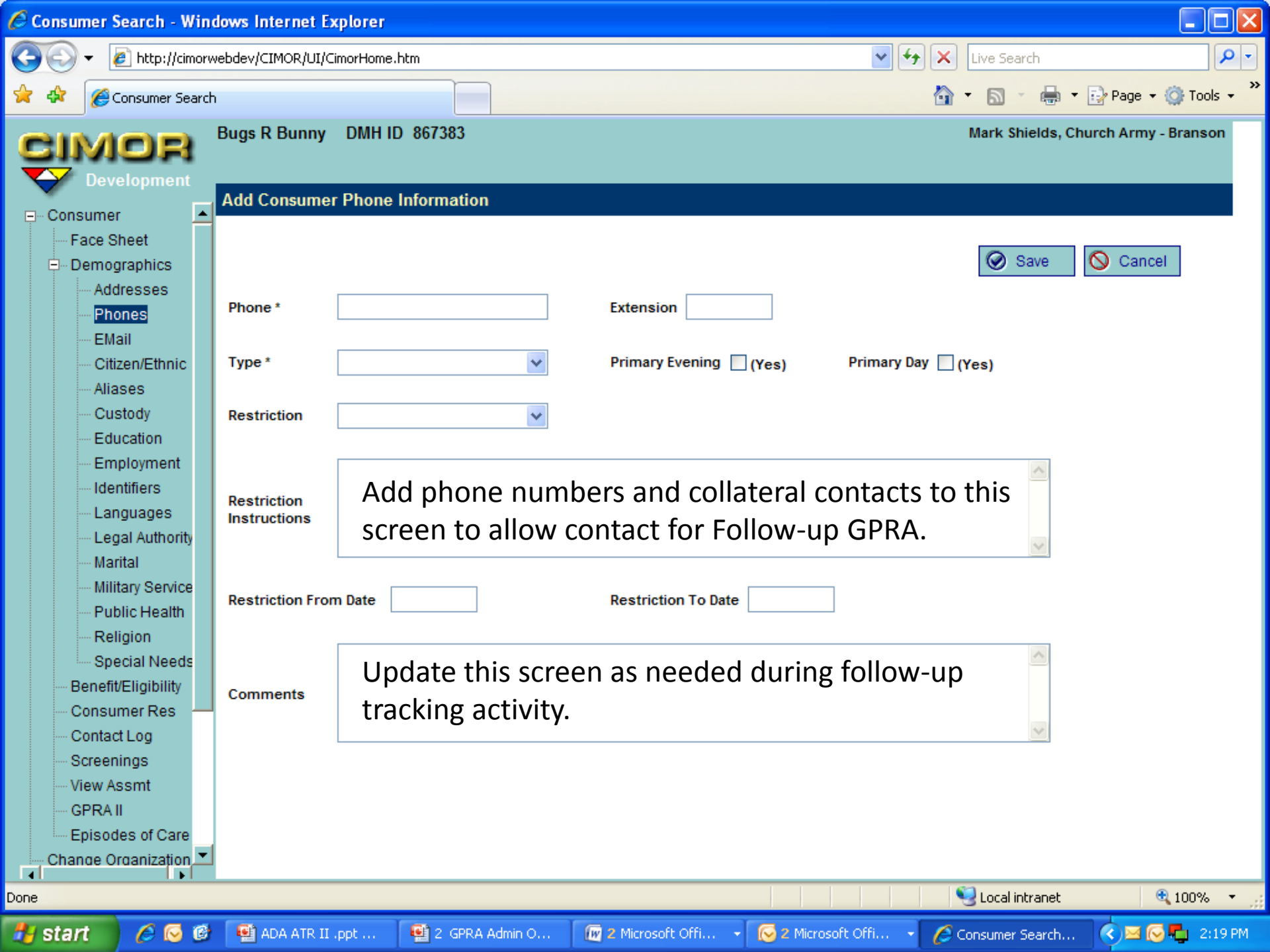
- Consumer
  - Face Sheet
  - + Demographics
  - Benefit/Eligibility
  - Consumer Res
  - Contact Log
  - Screenings
  - View Assmt
  - GPRA II
  - Episodes of Care
  - Change Organization
- + My Organization

**List GPRA II**

Intake Organization	Intake Date	Discharge Date *S=Systematic	Follow Up Date/Range
---------------------	-------------	---------------------------------	----------------------

1

+ Add Intake





Save Cancel

Record Management	Planned Services	Drug & Alcohol	Family & Living	Education & Employment	Criminal Justice	Mental & Physical	Social
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Can not update prepopulated demographics. Need to update data, use CIMOR Demographic page to make changes before any data is entered.

A1) Gender Male

A4) What is your date of birth? 08/13/1976

A2) Hispanic or Latino? No

A2\_Yes) If Yes, What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Central American

10/10/2019 11:58

## Cuban

Page 1 of 1

Dominican

Page 10 of 10

**Mexican**

Page 1 of 1

## Puerto Rican

Page 1 of 1

## South American

Page 1 of 1

Other

10/10/2019 11:58

A2\_Other)  
specify

)

A3) What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

Black or African American

☐ Yes ☐ No ☐ Refused

## Asian

☐ Yes ☐ No ☐ Refused

Native Hawaiian or other Pacific Islander

☐ Yes ☐ No ☐ Refused

## Alaska Native

☐ Yes ☐ No ☐ Refused

White

☒ Yes ☐ No ☐ Refused

American Indian

☐ Yes ☐ No ☐ Refused

## Add GPRA II Intake

Interview Date

**Record Management** **Planned Services** **Drug & Alcohol** **Family & Living** **Education & Employment** **Criminal Justice** **Mental & Physical** **Social**

Identify the services you plan to provide to the client during the client's course of treatment/recovery.

### Modality

[Select at least one modality]

1. Case Management ☐ Yes ☐ No
2. Day Treatment ☐ Yes ☐ No
3. Inpatient/Hospital (Other Than Detox) ☐ Yes ☐ No
4. Outpatient ☐ Yes ☐ No
5. Outreach ☐ Yes ☐ No
6. Intensive Outpatient ☐ Yes ☐ No
7. Methadone ☐ Yes ☐ No
8. Residential/Rehabilitation ☐ Yes ☐ No
9. Detoxification (Select Only One)
  - A. Hospital Inpatient ☐ Yes ☐ No
  - B. Free Standing Residential ☐ Yes ☐ No
  - C. Ambulatory Detoxification ☐ Yes ☐ No
10. After Care ☐ Yes ☐ No
11. Recovery Support ☐ Yes ☐ No
12. Other ☐ Yes ☐ No

If Other Yes, Specify:

### Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services) ☐ Yes ☐ No
2. Child Care ☐ Yes ☐ No
3. Employment Service
  - A. Pre-Employment ☐ Yes ☐ No
  - B. Employment Coaching ☐ Yes ☐ No
4. Individual Services Coordination ☐ Yes ☐ No
5. Transportation ☐ Yes ☐ No
6. HIV/AIDS Service ☐ Yes ☐ No
7. Supportive Transitional Drug-Free Housing Services ☐ Yes ☐ No
8. Other Case Management Services ☐ Yes ☐ No

If Other Case Management Services Yes, Specify:

### Medical Services

1. Medical Care ☐ Yes ☐ No

- [-] Consumer
  - Face Sheet
  - [-] Demographics
    - Addresses
    - Phones
    - Email
    - Citizen/Ethnic
    - Aliases
    - Custody
    - Education
    - Employment
    - Identifiers
    - Languages
    - Legal Authority
    - Marital
    - Military Service
    - Public Health
    - Religion
    - Special Needs
  - Benefit/Eligibility
  - Consumer Res
  - Contact Log
  - Screenings
  - View Assmt
  - GPRA II**
  - Episodes of Care
- Change Organization



## Add GPRA II Intake

Interview Date



## Consumer

Face Sheet

## Demographics

Addresses

Phones

EMail

Citizen/Ethnic

Aliases

Custody

Education

Employment

Identifiers

Languages

Legal Authority

Marital

Military Service

Public Health

Religion

Special Needs

Benefit/Eligibility

Consumer Res

Contact Log

Screenings

View Assmt

GPRA II

Episodes of Care

Change Organization

## Record Management

## Planned Services

## Drug &amp; Alcohol

## Family &amp; Living

## Education &amp; Employment

## Criminal Justice

## Mental &amp; Physical

## Social

## 12. Other

☐ Yes ☐ NoIf Other Yes,  
Specify:

[Select at least one service]

## Treatment Services

1. Screening

☐ Yes ☐ No

2. Brief Intervention

☐ Yes ☐ No

3. Assessment

☐ Yes ☐ No

4. Treatment Recovery Planning

☐ Yes ☐ No

5. Individual Counseling

☐ Yes ☐ No

6. Group Counseling

☐ Yes ☐ No

7. Family/Marriage Counseling

☐ Yes ☐ No8. Co-Occurring  
Treatment/Recovery  
Services☐ Yes ☐ No9. Pharmacological  
Interventions☐ Yes ☐ No

10. HIV/AIDS Counseling

☐ Yes ☐ No

## Medical Services

1. Medical Care

☐ Yes ☐ No

2. Alcohol/Drug Testing

☐ Yes ☐ No3. HIV/AIDS Medical Support  
& Testing☐ Yes ☐ No

4. Other Medical Services

☐ Yes ☐ NoIf Other Medical  
Services Yes,  
Specify:

## After Care Services

1. Continuing Care

☐ Yes ☐ No

2. Relapse Prevention

☐ Yes ☐ No

3. Recovery Coaching

☐ Yes ☐ No

4. Self-Help and Support Groups

☐ Yes ☐ No

5. Spiritual Support

☐ Yes ☐ No

6. Other After Care Services

☐ Yes ☐ NoIf Other After Care  
Services Yes,  
Specify:

## Education Services

Consumer Search - Windows Internet Explorer

http://cimorwebdev/CIMOR/UI/CimorHome.htm

Consumer Search

# CIMOR

Development

- Consumer
  - Face Sheet
  - Demographics
    - Addresses
    - Phones
    - Email
    - Citizen/Ethnic
    - Aliases
    - Custody
    - Education
    - Employment
    - Identifiers
    - Languages
    - Legal Authority
    - Marital
    - Military Service
    - Public Health
    - Religion
    - Special Needs
  - Benefit/Eligibility
  - Consumer Res
  - Contact Log
  - Screenings
  - View Assmt
  - GPRA II**
  - Episodes of Care
- Change Organization

## Add GPRA II Intake

Interview Date

Record Management	Planned Services	Drug & Alcohol	Family & Living	Education & Employment	Criminal Justice	Mental & Physical	Social
9. Pharmacological Interventions <input type="radio"/> Yes <input type="radio"/> No		Specify:					
10. HIV/AIDS Counseling <input type="radio"/> Yes <input type="radio"/> No		Education Services					
11. Other Clinical Services <input type="radio"/> Yes <input type="radio"/> No							
If Other Clinical Services Yes, Specify: <input type="text"/>		1. Substance Abuse Education <input type="radio"/> Yes <input type="radio"/> No					
		2. HIV/AIDS Education <input type="radio"/> Yes <input type="radio"/> No					
		3. Other Education Services <input type="radio"/> Yes <input type="radio"/> No					
		If Other Education Services Yes, Specify: <input type="text"/>					
		Peer-To-Peer Recovery Support Services					
		1. Peer Coaching or Mentoring <input type="radio"/> Yes <input type="radio"/> No					
		2. Housing Support <input type="radio"/> Yes <input type="radio"/> No					
		3. Alcohol-and Drug-Free Social Activities <input type="radio"/> Yes <input type="radio"/> No					
		4. Information and Referral <input type="radio"/> Yes <input type="radio"/> No					
		5. Other Peer-to-Peer Recovery Support Services <input type="radio"/> Yes <input type="radio"/> No					
		If Other Peer-to-Peer Recovery Support Yes, Specify: <input type="text"/>					

Done

Local intranet 100%

start

ADA ATR II ... 2 GPRA Adm... 2 Microsoft ... Inbox - Micro... Untitled - Me... Consumer Se...

2:08 PM

Consumer Search - Windows Internet Explorer

http://cimorwebdev/CIMOR/UI/CimorHome.htm

Live Search

Consumer Search

PageTools

CIMOR

Development

Consumer

Face Sheet

Demographics

Addresses

Phones

Email

Citizen/Ethnic

Aliases

Custody

Education

Employment

Identifiers

Languages

Legal Authority

Marital

Military Service

Public Health

Religion

Special Needs

Benefit/Eligibility

Consumer Res

Contact Log

Screenings

View Assmt

GPRA II

Episodes of Care

Change Organization

Interview Date

SaveCancel

Record Management

Planned Services

Drug & Alcohol

Family & Living

Education & Employment

Criminal Justice

Mental & Physical

Social

During the past 30 days, how many days have you used the following:

Number of DAYS:

B1\_A) Any alcohol

B1\_B1) Alcohol to intoxication (5+ drinks in one setting)

B1\_B2) Alcohol to intoxication (4 or fewer drinks and felt high)

B1\_C) Illegal drugs

B1\_D) Both alcohol & drugs (same day)

B2\_A) Cocaine/crack

ROUTE of Administration for Drug Use:

Select the Usual route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

B2\_B) Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)

B2\_C) Opiates:

B2\_C1) Heroin (Smack, H, Junk, Skag)

B2\_C2) Morphine

B2\_C3) Diluadid

DoneLocal intranet100%startADA ATR II ...2 GPRA Adm...2 Microsoft ...Inbox - Micro...Untitled - Me...Consumer Se...2:09 PM

Consumer Search - Windows Internet Explorer

http://cimor.dmh.missouri.gov/CIMOR/UI/CimorHome.htm

Live Search

Consumer Search

Tools

CIMOR

Consumer

Face Sheet

Demographics

Benefit/Eligibility

Consumer Res

Contact Log

Screenings

View Assmt

GPRA II

Episodes of Care

Change Organization

My Organization

CO Functions

EMT

Administration

Fundware

Reports

Help

Add GPRA II Intake

Interview Date

Save

Cancel

Record Management	Planned Services	Drug & Alcohol	Family & Living	Education & Employment	Criminal Justice	Mental & Physical	Social
	B2_C4) Demerol						
	B2_C5) Percocet						
	B2_C6) Darvon						
	B2_C7) Codeine						
	B2_C8) Tylenol 2,3,4						
	B2_C9) Oxycontin/Oxycodone						
	B2_D) Non-prescription methadone						
	B2_E) Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline						
	B2_F) Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)						
	If no Methamphetamine used in the last 30 days, was any Methamphetamine used in last 90 days				<div>YesNo</div>		
	B2_G1) benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol - also known as roofies, roche, and cope)						

Done

Local intranet100%

start

Christmas 2007.doc [...]

LEXAR (E:)

Microsoft PowerPoint ...

Consumer Search - W...

7:41 AM



Consumer Search - Windows Internet Explorer

http://cimorwebdev/CIMOR/UI/CimorHome.htm

Live Search

Consumer Search

SaveCancel

CIMOR

Development

Consumer

Face Sheet

Demographics

Addresses

Phones

Email

Citizen/Ethnic

Aliases

Custody

Education

Employment

Identifiers

Languages

Legal Authority

Marital

Military Service

Public Health

Religion

Special Needs

Benefit/Eligibility

Consumer Res

Contact Log

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View Assmt

GPRA II

Episodes of Care

Change Organization

Interview Date

Record Management

Planned Services

Drug & Alcohol

Family & Living

Education & Employment

Criminal Justice

Mental & Physical

Social

B2\_G1 benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol - also known as roofies, roche, and cope)

B2\_G2 Barbiturates: Mephobarbital (Mebarcut); and pentobarbital sodium (Nembutal)

B2\_G3 Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)

B2\_G4 Ketamine (known as Special K or Vitamin K)

B2\_G5 Other tranquilizers, downers, sedatives or hypnotics

B2\_H Inhalants (poppers, snappers, rush whippets)

B2\_I1 Other Illegal Drugs

B2\_I2 Other Illegal Drugs (Specify)

B3) In the past 30 days have you injected drugs?

B4) In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?

Done

Local intranet

100%

start

ADA ATR II ...

2 GPRA Adm...

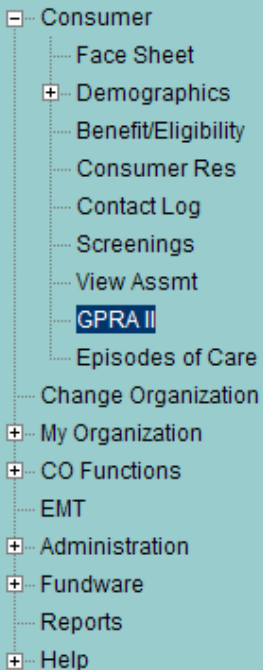
2 Microsoft ...

Inbox - Micro...

Untitled - Me...

Consumer Se...

2:11 PM



Save Cancel

Record Management	Planned Services	Drug & Alcohol	Family & Living	Education & Employment	Criminal Justice	Mental & Physical	Social
-------------------	------------------	----------------	-----------------	------------------------	------------------	-------------------	--------

**C1) Where have you been living most of the time?**

C1\_Housed) If Housed, select appropriate subcategory

C1\_OTH) If Other Housed (Specify)

C2) how stressful have things been for you because of your use of alcohol or other drugs?

C3) has your use of alcohol or other drugs caused you to reduce or give up important activities?

C4) Has your use of alcohol or other drugs caused you to have emotional problems?

C5) IF FEMALE: Are you currently pregnant?

C6) Do you have children?

C6\_A) How many children do you have?

C6\_B) Are any of your children living with someone else due to a child protection court order?

C6\_C) If yes, how many of your children are living with someone else due to a child protection court order?

Shelter	
Street/Outdoors	
Institution	
Housed	
Refused	
Don't know	
Not Applicable	



- Consumer
  - Face Sheet
  - + Demographics
  - Benefit/Eligibility
  - Consumer Res
  - Contact Log
  - Screenings
  - View Assmt
  - GPRA II**
  - Episodes of Care
- Change Organization
- + My Organization
- + CO Functions
- EMT
- + Administration
- + Fundware
- Reports
- + Help

Interview Date

☒ Save

☐ Cancel

- Record Management**
- Planned Services**
- Drug & Alcohol**
- Family & Living**
- Education & Employment**
- Criminal Justice**
- Mental & Physical**
- Social**

In the past 30 days:

C1) Where have you been living most of the time?

Housed

C1\_Housed) If Housed, select appropriate subcategory

- Own/rent apartment, room or house
- Someone else's apartment, room or house
- Halfway house
- Residential treatment
- Other housed
- Not applicable

C1\_OTH) If Other Housed (Specify)

C2) how stressful have things been for you because of your use of alcohol or other drugs?

C3) has your use of alcohol or other drugs caused you to reduce or give up important activities?

C4) Has your use of alcohol or other drugs caused you to have emotional problems?

C5) IF FEMALE: Are you currently pregnant?

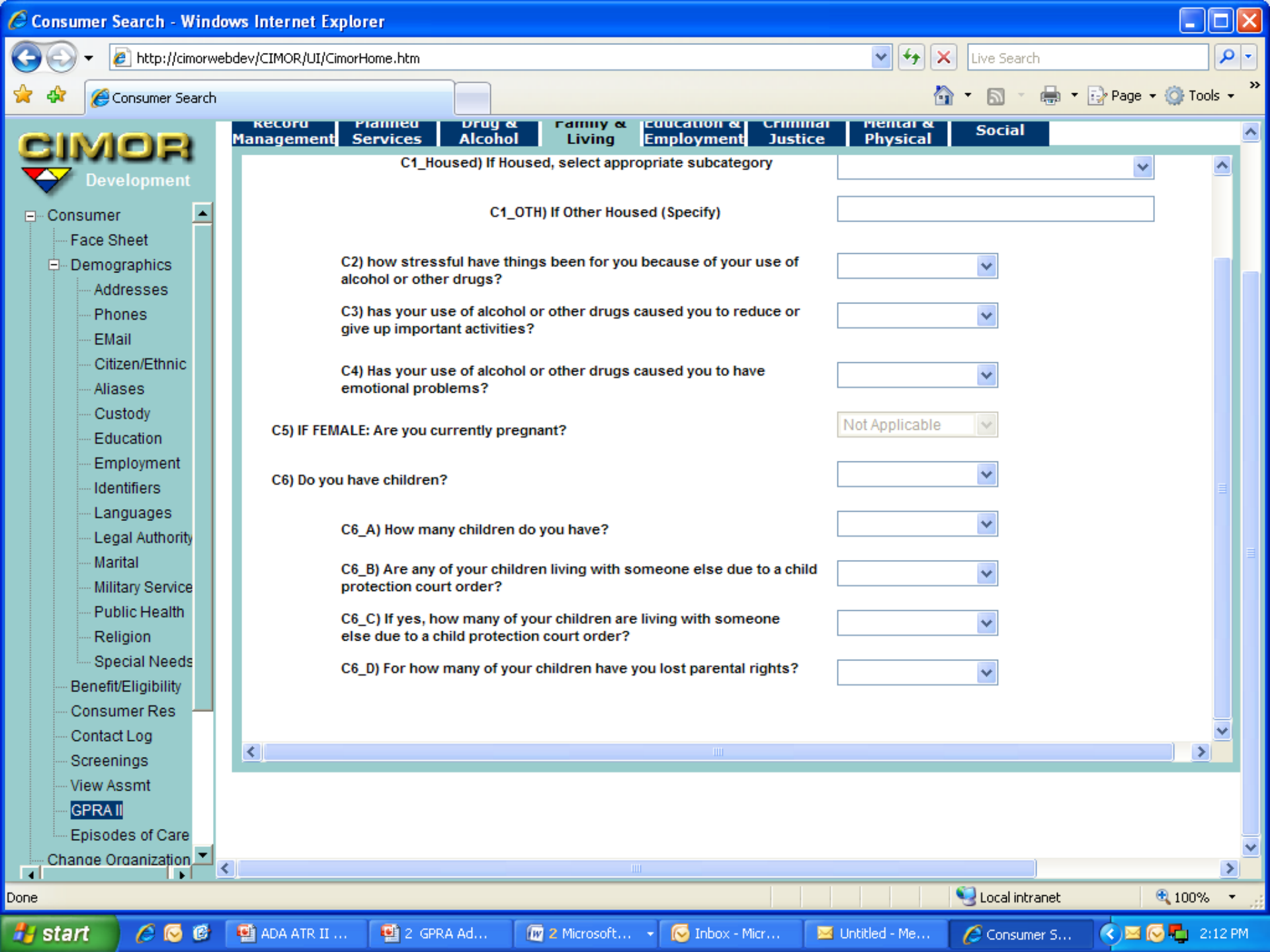
Not Applicable

C6) Do you have children?

C6\_A) How many children do you have?

C6\_B) Are any of your children living with someone else due to a child protection court order?

C6\_C) If yes, how many of your children are living with someone else due to a child protection court order?



Consumer Search - Windows Internet Explorer

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✖

Live Search

🔍

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🌐

Consumer Search

CIMOR

Development

Consumer

Face Sheet

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Aliases

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Public Health

Religion

Special Needs

Benefit/Eligibility

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GPRA II

Episodes of Care

Change Organization

Interview Date

Save

Cancel

Record Management

Planned Services

Drug & Alcohol

Family & Living

Education & Employment

Criminal Justice

Mental & Physical

Social

D1) Are you currently enrolled in school or a job training program?

D1\_OTH) Specify other school or a job training program

D2) What is the highest level of education you have finished, whether or not you received a degree?

D3) Are you currently employed?

D3\_OTH) Specify other employment

D4) Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

D4a) Wages

Refused

Don't Know

D4b) Public assistance

Refused

Don't Know

D4c) Retirement

Refused

Don't Know

D4d) Disability

Refused

Don't Know

D4e) Non-legal income

Refused

Don't Know

Local intranet

100%

start

ADA ATR II ...

2 GPRA Ad...

2 Microsoft...

Inbox - Micr...

Untitled - Me...

Consumer S...

2:13 PM

Consumer Search - Windows Internet Explorer

http://cimorwebdev/CIMOR/UI/CimorHome.htm

Live Search

Consumer Search

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View Assmt

GPRA II

Episodes of Care

Change Organization

Add GPRA II Intake

Interview Date

Save

Cancel

Record Management

Planned Services

Drug & Alcohol

Family & Living

Education & Employment

Criminal Justice

Mental & Physical

Social

D3) Are you currently employed?

D3\_OTH) Specify other employment

D4) Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

D4a) Wages

D4b) Public assistance

D4c) Retirement

D4d) Disability

D4e) Non-legal income

D4f) Family and/or friends

D4g) Other (Specify)

D4g\_OTH) Specify other income

Refused

Don't Know

Refused

Don't Know

Refused

Don't Know

Refused

Don't Know

Refused

Don't Know

Refused

Don't Know

Local intranet

100%

start

ADA ATR II ...

2 GPRA Ad...

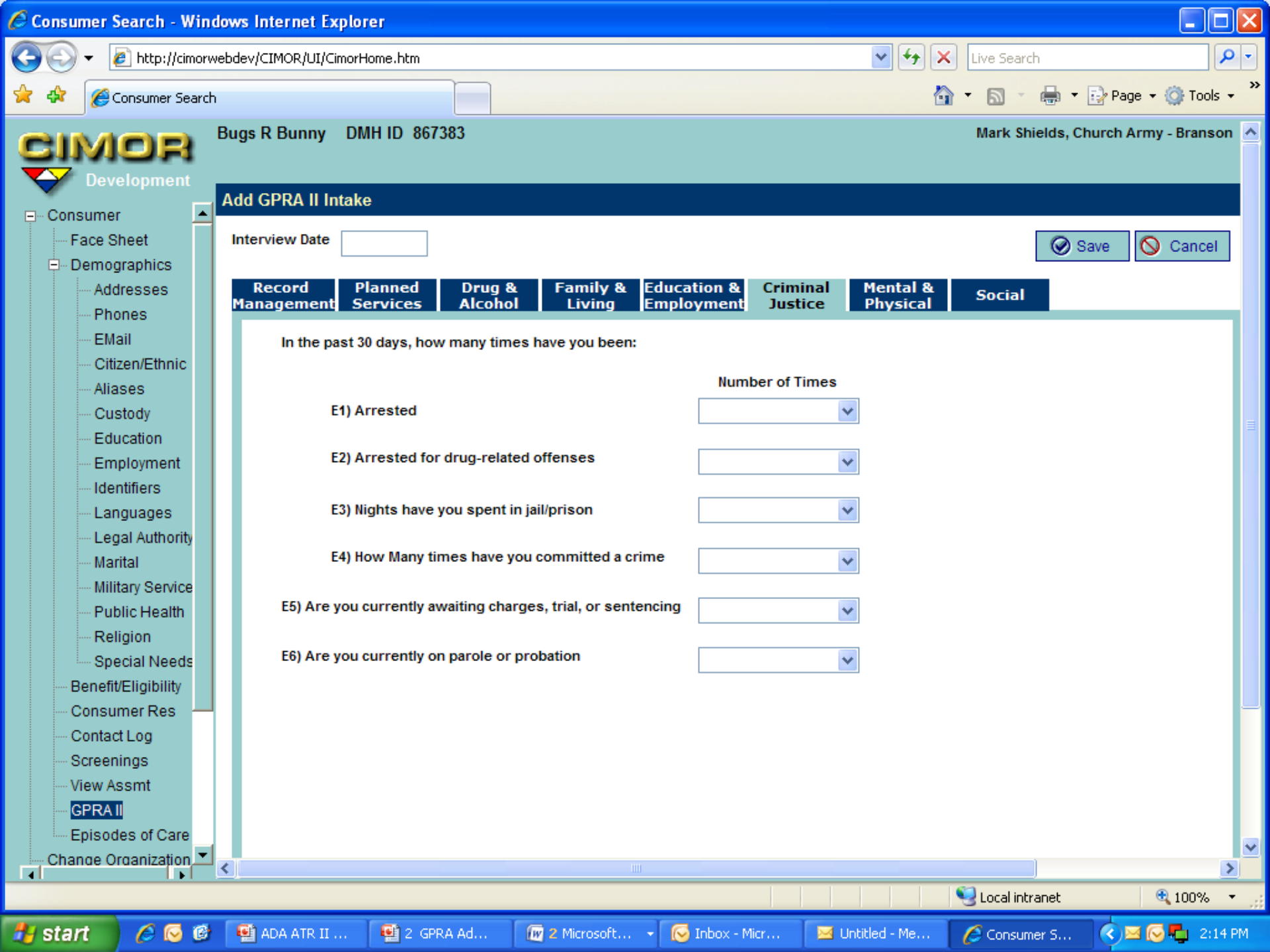
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Consumer Search - Windows Internet Explorer

http://cimorwebdev/CIMOR/UI/CimorHome.htm

Live Search

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GPRA II

Episodes of Care

Change Organization

Add GPRA II Intake

Interview Date

SaveCancel

Record Management

Planned Services

Drug & Alcohol

Family & Living

Education & Employment

Criminal Justice

Mental & Physical

Social

F1) How would you rate your overall health right now?

F2) During the past 30 days, did you receive:

F2a) Inpatient Treatment for:

F2a1) Physical complaint

F2a2) Mental or emotional difficulties

F2a3)Alcohol or substance abuse

F2b) Outpatient Treatment for:

F2b1) Physical complaint

F2b2) Mental or emotional difficulties

F2b3)Alcohol or substance abuse

F2c) Emergency Room Treatment for:

F2c1) Physical complaint

F2c2) Mental or emotional difficulties

F2c3)Alcohol or substance abuse

If Yes, for how many nights

If Yes, for how many nights

If Yes, for how many nights

If Yes, for how many times

If Yes, for how many times

If Yes, for how many times

If Yes, for how many times

If Yes, for how many times

If Yes, for how many times

Local intranet

100%

start

ADA ATR II ...

2 GPRA Ad...

2 Microsoft...

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Consumer S...

2:15 PM

Consumer Search - Windows Internet Explorer

http://cimorwebdev/CIMOR/UI/CimorHome.htm

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Change Organization

Add GPRA II Intake

Interview Date

SaveCancel

Record Management

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Education & Employment

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Mental & Physical

Social

F2c3)Alcohol or substance abuse

If Yes, for how many times

F3) During the past 30 days, did you engage in sexual activity?

F3\_Yes) If Yes, altogether how many:

F3\_Yes\_a) Sexual contacts (vaginal, oral, or anal) did you have?

F3\_Yes\_b) Unprotected sexual contacts did you have?

F3\_Yes\_c) Unprotected sexual contacts were with an individual who is or was:

F3\_Yes\_c1) HIV positive or has AIDS

F3\_Yes\_c2) An injection drug user

F3\_Yes\_c3) High on some substance

F4) In the past 30 days, not due to your use of alcohol or drugs, how many days have you?

F4a) Experienced serious depression

F4b) Experienced serious anxiety or tension

Local intranet

100%

start

ADA ATR II ...

2 GPRA Ad...

2 Microsoft...

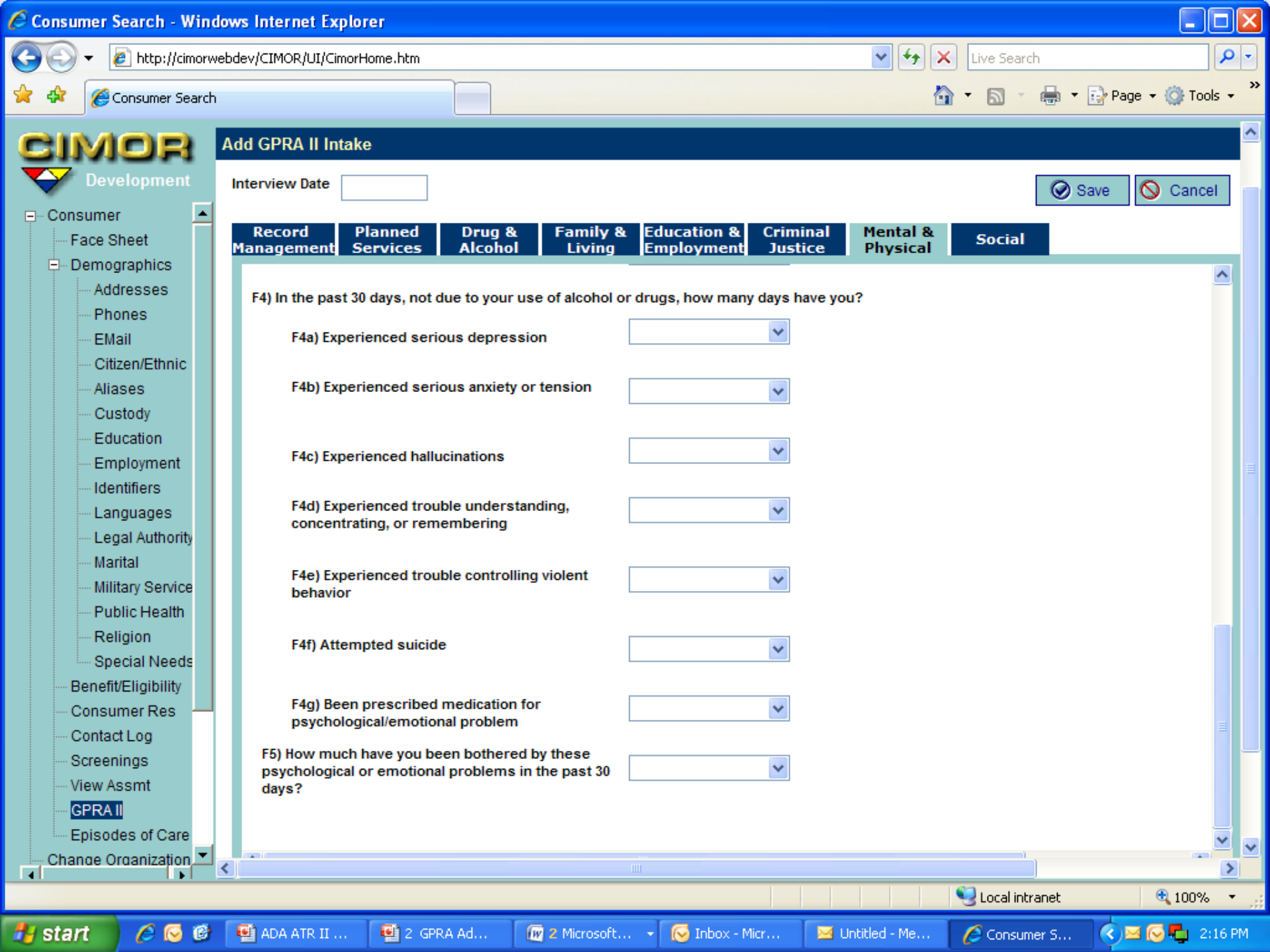
Inbox - Micr...

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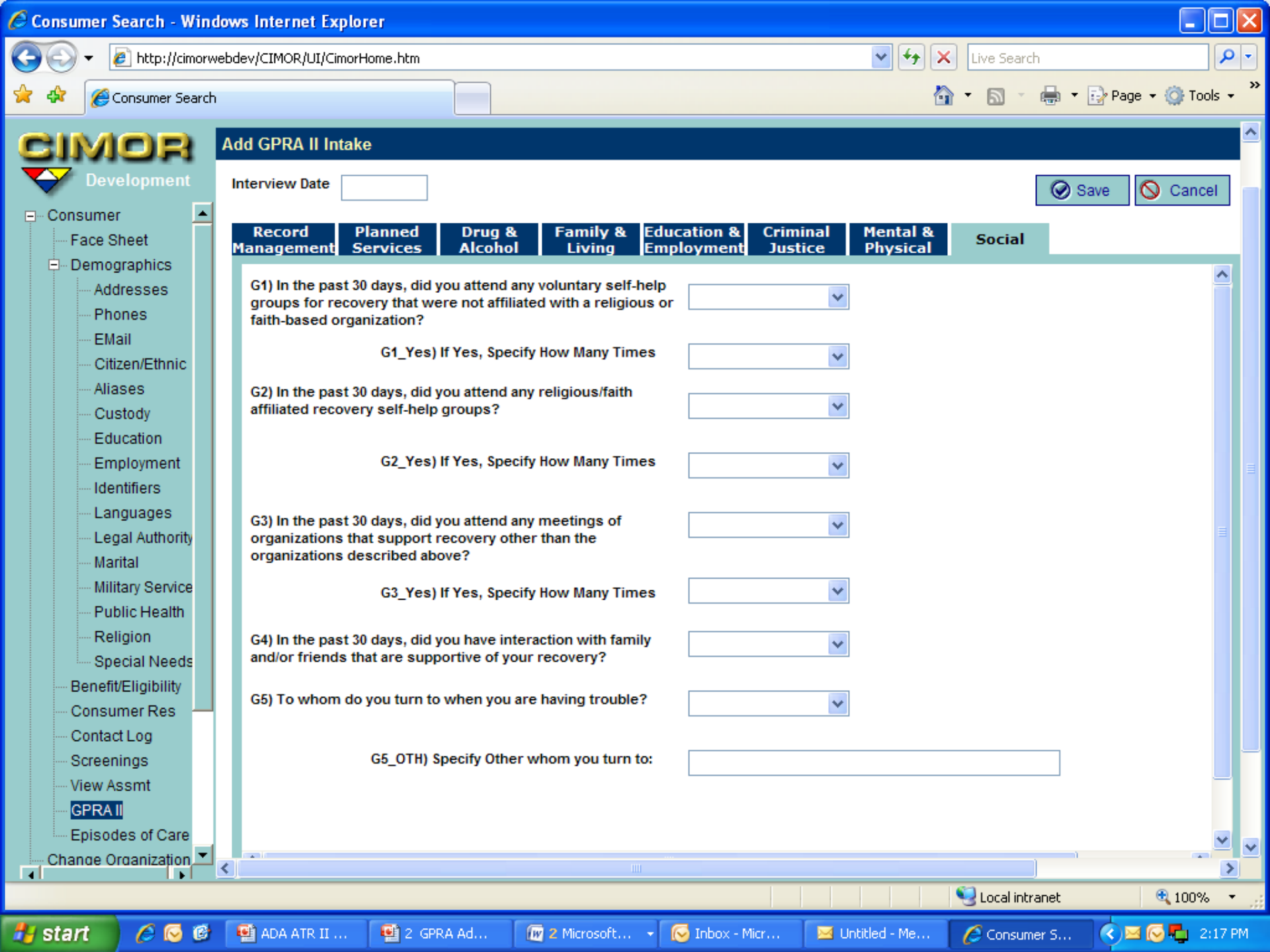
Consumer S...

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Add GPRA II Intake

Interview Date  Save Cancel

- Record Management
- Planned Services
- Drug & Alcohol
- Family & Living
- Education & Employment
- Criminal Justice
- Mental & Physical
- Social

G1) In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

G1\_Yes) If Yes, Specify How Many Times

G2) In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

G2\_Yes) If Yes, Specify How Many Times

G3) In the past 30 days, did you attend any meetings of organizations that support recovery other than the organizations described above?

G3\_Yes) If Yes, Specify How Many Times

G4) In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

G5) To whom do you turn to when you are having trouble?

G5\_OTH) Specify Other whom you turn to:

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  - Email
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  - Aliases
  - Custody
  - Education
  - Employment
  - Identifiers
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  - Military Service
  - Public Health
  - Religion
  - Special Needs
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- Episodes of Care
- Change Organization

Voucher Number 200000006

Voucher Number 200000006

### Recovery Support Voucher

	Provider	Service Category	Contract Services	Authorized Amt	Spent Amt	Remaining Amt	From Date	To Date	Remaining Days to Enter Services
<a href="#">View</a>	Church Army - Branson	ADA Recovery Supports Pilot	H0002 BHVAL HLTH SCR DETRM ADMIS TX 15 Minute(s)	\$12.44	\$0.00	\$12.44	12/17/2007	12/30/2007	57

Add

## ATR-II Voucher Management

Voucher Number 200000033

### Assessment Voucher

### Treatment Voucher

### Recovery Support Voucher

### GPRA Follow-Up

Assessment Provider Preferred Family Healthcare, Inc.

Service Category ADA Primary Recovery Plus

Budget Amount \$141.25

From Date 02/01/2008

Spent Amount \$0.00

To Date 02/01/2008

Remaining Amount \$141.25

Date Added: 2/27/2008 2:49:26 PM

Added By: MZTURNR

Date Modified: 2/27/2008 2:52:22 PM

Modified By: CDSIMZTURNR

- [-] Consumer
  - Face Sheet
  - + Demographics
  - Benefit/Eligibility
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  - View Assmt
  - GPRA II
- [-] Episodes of Care
  - Admission
  - + Assessments
    - ATR Voucher**
  - Authorizations
  - Bed Assign
  - Commitments
  - Court Orders
  - Diagnosis
  - Discharge
  - EOC Summ
  - Female Pres
  - Furlough
  - Medical Pres
  - ISL Budget
  - Problems

## ATR-II Voucher Management

Voucher Number 200000033

Assessment Voucher

Treatment Voucher

Recovery Support Voucher

GPRA Follow-Up

	Package Name	Service Category	Budget Amt	Spent Amt	Remaining Amt	From Date	To Date	Remaining Days to Enter Services
<a href="#">View</a>	Intensive outpatient rehabilitation	ADA Primary Recovery Plus	\$1,608.00			02/01/2008	02/06/2008	33

[Add](#)

- Consumer
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  - Authorizations
  - Bed Assign
  - Commitments
  - Court Orders
  - Diagnosis
  - Discharge
  - EOC Summ
  - Female Pres
  - Furlough
  - Medical Pres
  - ISL Budget

## Add ATR-II Recovery Support Voucher

Provider is Required.

Package Name Recovery support

Package Amount \$1,000.00

From Date \* 1/15/2008

To Date\*

County 

Provider \* 

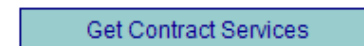
Contract Services \* 

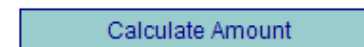
Authorized Units \*

Unit Rate

Budget Amount

Authorized Dollars





- [-] Consumer
  - Face Sheet
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  - GPRA II
- [-] Episodes of Care
  - Admission
  - + Assessments
    - ATR Voucher
  - Authorizations
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  - Commitments
  - Court Orders
  - Diagnosis
  - Discharge
  - EOC Summ
  - Female Pres
  - Furlough
  - Medical Pres
  - ISL Budget
  - Problems
  - Programs
  - Services

## **RS Voucher creation**

1. Voucher From date  
Default to end of quarter (March 31, June 30, Sept 30, Dec 31)
2. Do not use County drop down
3. Provider drop down Select RS provider
4. Click on get contracted services
5. Select RS service from contract service drop down  
Refer to handout/next slide
6. Add # of units
7. Calculate
8. Save
9. Print
10. Client Signature for your file
11. Client copy
12. Voucher to RS Provider
13. At end of a quarter you can start issuing RS vouchers for the next quarter and can date them 14 days in the future.
14. If you need to discharge this consumer with future dated Rs voucher, you will need to delete those RS vouchers with future dates RS voucher.
15. Communicate any changes in RS Vouchers to RS provider.

 <b>ATR II Recovery Support Services with HIPPA codes</b>		Revision Date 12/1/07		
Service Title	HIPPA Service Title	CIMOR Procedure Code	Unit of Service	Firm, Fixed Price
Care Coordination	CMTY-BASED WRAP-AROUND SRVC 15 MIN	H2021	15 minutes	\$ 5.00
Re-Entry Coordination	CMTY-BASED WRAP-AROUND SRVC 15 MIN	H2021 59	15 minutes	\$ 5.00
Child Care	CHILD SIT IND ALC&SUBSTNC ABS SRVC	T1009	1 Hour	\$ 3.85
Drop-In Center	MENTAL HEALTH CLUBHOUSE SRVC DIEM	H2031	1 Day	\$ 10.00
Emergency/Temporary Housing	RESPIRE CARE SRVC NOT HOME PER DIEM	H0045	1 Day	\$ 25.00
Extended Residential Support	SUPPORTED HOUSING, PER DIEM	H0043	1 Day	\$ 20.00
Family Engagement - Individual	BEHAVIORAL HEALTH OUTREACH SERVICE	H0023	15 minutes	\$ 6.25
Family Engagement - Group	BEHAVIORAL HEALTH OUTREACH SERVICE	H0023 HQ**	15 minutes	\$ 3.50
Pastoral Counseling – Individual	MENTAL HEALTH SERVICES NOS	H0046	15 minutes	\$ 10.00
Pastoral Counseling – Group	MENTAL HEALTH SERVICES NOS	H0046 HQ**	15 minutes	\$ 4.00
Recovery Mentoring - Individual	SELF-HELP/PEER SERVICES PER 15 MIN	H0038	15 minutes	\$ 5.00
Recovery Mentoring - Group	SELF-HELP/PEER SERVICES PER 15 MIN	H0038 HQ**	15 minutes	\$ 2.00
Spiritual Life Skills – Individual	SKILLS TRAINING&DVLP PER 15 MINUTES	H2014	15 minutes	\$ 5.00
Spiritual Life Skills - Group	SKILLS TRAINING&DVLP PER 15 MINUTES	H2014 HQ**	15 minutes	\$ 2.50
Transportation (Mileage)	NON-EMERG TRANSPORTATION; PER MILE	S0215	Per Mile	\$ 0.48
Transportation (Public Transportation)	NON-EMERG TRNSPRT; ENCOUNTER/TRIP	T2003	Per Pass	As Presc*
Work Preparation – Individual	ONGOING SUPP MNTAIN EMPLOY 15 MIN	H2025	15 minutes	\$ 5.00
Work Preparation - Group	ONGOING SUPP MNTAIN EMPLOY 15 MIN	H2025 HQ**	15 minutes	\$ 2.50
* price of pass +\$5.00 administrative fee for monthly pass / \$1.00 administrative fee for weekly pass				
** HQ modifier denotes group service				

## ATR-II Voucher Management

Voucher Number 200000033

Assessment Voucher

Treatment Voucher

Recovery Support Voucher

GPRA Follow-Up

Package Name	Service Category	Budget Amt	Spent Amt	Remaining Amt	From Date	To Date	Remaining Days to Enter Services
Consumer Tracking	ADA Primary Recovery Plus	\$60.00	\$0.00	\$60.00	02/01/2008	10/01/2008	276

Outcome Measurement-Consumer Tracking T1016-52

\$5.00 per unit 2 units per month - \$60.00 total

Not allowed during level one clinical treatment

To contact client or collateral contact to verify client location and update client contact information.

Also may be used for Recovery Management check-up

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  - Female Pres
  - Furlough
  - Medical Pres
  - ISL Budget
  - Problems



# Access to Recovery II

Recovery Support Access Site (pilot)

Voucher Issue Allocation Amount

Qualified Substance Abuse Professional, brief assessment for each client enrolled by RSAS

Limit locations for issuing vouchers

# Access to Recovery II

- Recovery Support Services

Care Coordination

Reentry Coordination

Child Care

Drop-in Center

Emergency Temp Housing

Extended Res Support

Family Engagement-Ind & Group

Pastoral Counseling- Ind & Group

Recovery Mentoring- Ind & Group

Spiritual Life Skills – Ind & Group

Transportation –Mileage

Transportation- Public

Work Preparation Ind & Group

\$500.00 Recovery Support Package per client per episode

\$400.00 Extended Residential Support per client per episode

Use the Access Request Application to request security roles.

<https://portal.dmh.missouri.gov/>



Refer to handout for explanation of CIMOR security roles needed.

Also add;  
GPRA II Update-ADA Only  
and  
GPRA II View-ADA Only

## **GPRA II Policies Overview**

- GPRA II is required of ATR II clients; PR+ programs, EPR+ programs, RS pilot programs.
- Women and Children CSTAR require GPRA II only when ATR II recovery support vouchers are being issued.
- GPRA II is not required; any SATOP program, General Population CSTAR, Adolescent CSTAR, D.O.C. Outpatient programs, Gambling programs, Opioid programs.
- GPRA II is now located above episode of care in CIMOR.
- GPRA II intake is required to be in CIMOR prior to activity (program assignment, voucher creation) PR+, EPR+, RS Pilot (if the program assignment/From Date is 12/17/07 or later) or Women CSTAR issuing RS vouchers.

## •**GPRA II Policies Overview continued**

- The GPRA follows the client from program to program.
- CIMOR will not allow an Intake GPRA, Discharge GPRA or Follow-up GPRA to be entered into the system prematurely or at the wrong time.
- The GPRA discharge is not allowed until 60 days of no service activity in CIMOR. After 90 days of no service activity the discharge GPRA will be added automatically.
- A GPRA Discharge can be added only if the consumer has no open ATR programs or vouchers. If a GPRA Discharge is created automatically it will also close any open ATR voucher and ATR programs.

## •**GPRA II Policies Overview continued**

- Follow-up GPRA is due 6 months from the date of the intake GPRA. The follow-up GPRA is valid and allowed to be entered in CIMOR from 5 months to 8 months after the intake GPRA.
- Follow up GPRA is due during the 5-8 month window from the latest intake GPRA regardless of GPRA discharge.
- Follow-up GPRA is reimbursed at \$40.00 + client incentive of \$10.00.
- End of fiscal year bonus for a program that obtains %80 or better rate of follow-up GPRA on all clients they completed intake GPRA on. Rate will be calculated from all clients program "A" completed an intake GPRA on. Valid follow-up GPRA counts favorably towards program "A" follow-up % even if the follow up GPRA was completed at program "B".

# Contacts

- Division of Alcohol and Drug Abuse
  - Mark Shields –(573) 751-4942
  - Rhonda Turner –(573) 751-4942
  - Tom Kimbro –(573) 368-2297

ATR II GPRA Training Documents

<https://www.dmh.mo.gov/ada/ATR/GPRAII.htm>